

04-16-01

PTO/SB/05 (08/00)

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Approved for use through 09/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

17965-798

P
602/835043
U.S.P.T.O.
10/01

First Inventor or Application Identifier

Matthew R. Selmon

Title

Methods and Apparatus For Treating Vascular Occlusions

Express Mail Label No.

EL682478122US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Commissioner for Patents
Box Patent Application
Washington, DC 20231

| | |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>) |
| 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> | a. <input type="checkbox"/> Computer Readable Copy |
| - Descriptive title of the Invention | b. <input type="checkbox"/> Paper Copy (identical to computer copy) |
| - Cross References to Related Applications | c. <input type="checkbox"/> Statement verifying identity of above copies |
| - Statement Regarding Fed-Sponsored R&D | |
| - Reference to sequence listing, a table, or a computer program listing appendix | |
| - Background of the Invention | |
| - Brief Summary of the Invention | |
| - Brief Detailed Description of the Drawings | |
| - Detailed Description | |
| - Claim(s) | |
| 4. <input checked="" type="checkbox"/> Drawing(s) (37CFR 1.152) <i>[Total Sheets 30]</i> | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (copies from 09/149,874) (8 Assignments; 17 pages total) |
| 5. <input checked="" type="checkbox"/> Oath or Declaration <i>[Total Pages 40]</i> | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i> |
| a. <input type="checkbox"/> Newly executed (original or copy) | 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) |
| b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> (8Sets; 5 pages each) | 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS) PTO-1449 |
| i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | 13. <input checked="" type="checkbox"/> Preliminary Amendment |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> |
| 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. 09/149,874 | 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> |
| Prior application information: Examiner <u>R. Lewis</u> Group/Art Unit: <u>3731</u> | |

18. CORRESPONDENCE ADDRESS

| | | | | | |
|---|----------------------------------|--|--------------|----------|--------------|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 021971 | <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here) | | | |
| NAME | Barbara B. Courtney | | | | |
| | WILSON SONSINI GOODRICH & ROSATI | | | | |
| ADDRESS | 650 Page Mill Road | | | | |
| | | | | | |
| CITY | Palo Alto | STATE | CA | ZIP CODE | 94304 |
| COUNTRY | USA | TELEPHONE | 650-493-9300 | FAX | 650-496-4086 |

| | | | |
|-------------------|----------------------------|-----------------------------------|----------|
| Name (Print/Type) | Barbara B. Courtney | Registration No. (Attorney/Agent) | 42,442 |
| Signature | <i>Barbara B. Courtney</i> | Date | 04-13-01 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$ 1,020.00)

Complete if Known

| | |
|------------------------|-------------------|
| Application Number | Not Yet Assigned |
| Filing Date | Herewith |
| First Named Inventor | Matthew R. Selmon |
| Examiner Name | Not Yet Assigned |
| Group/Art Unit | Not Yet Assigned |
| Attorney Docket Number | 17965-798 |

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 23-2415 (Docket No. 17965-798)

Deposit Account Name Wilson Sonsini Goodrich & Rosati

 Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid |
|---------------------|-----------------|----------------|--------------------------------------|--|----------|
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 | 130 | 139 | 130 | Non-English specification | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 115 | 110 | 215 | 55 | Extension for reply within first month | |
| 116 | 390 | 216 | 195 | Extension for reply within second month | |
| 117 | 890 | 217 | 445 | Extension for reply within third month | |
| 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | |
| 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | |
| 119 | 310 | 219 | 155 | Notice of Appeal | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 121 | 270 | 221 | 135 | Request for oral hearing | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | |
| 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | |
| 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | |
| 143 | 440 | 243 | 220 | Design issue fee | |
| 144 | 600 | 244 | 300 | Plant issue fee | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | |
| 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 |
| 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| Other fee (specify) | | 25 | Request for Corrected Filing Receipt | | |
| Other fee (specify) | | 55/110 | Terminal Disclaimer | | |

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

Complete (if applicable)

| | | | | | |
|-------------------|---------------------|-----------------------------------|----------|--------------|--------------|
| Name (Print/Type) | Barbara B. Courtney | Registration No. (Attorney/Agent) | 42,442 | Telephone | 650-493-9300 |
| Signature | | Date | 05-13-01 | Customer No. | 021971 |

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